

(school use only)

Date received:

Mid Year:



SUPPLEMENTARY INFORMATION FORM for Admission to Davenant Foundation School

CHILD'S INFORMATION

First Name:		Surname:	
Gender:		Date of Birth:	
Address:		Postcode:	

FAMILY INFORMATION

Youngest Brother / Sister attending Davenant Foundation School (if applicable)

First Name:		Surname:	
Form:			

Parent / Legal Guardian 1 making application

Title:		First Name:		Surname:	
Relationship to Child:				Email:	
Main Contact Number:				Mobile:	

Parent / Legal Guardian 2

Title:		First Name:		Surname:	
Relationship to Child:					

CHURCH ATTENDANCE

Please refer to the Notes for Guidance. **NB Provide details for one parent/legal guardian only.**

We will seek **references** for **Parent/Legal Guardian 1** by default. The **box below** should **only be ticked** if you wish references to be sought for **Parent/Legal Guardian 2** instead.

Church references to be based on **Parent/Legal Guardian 2**

Use the tables below to indicate the frequency of attendance at an affiliated place of Christian or Jewish Worship of the parent/legal guardian making the application. Please draw a circle around one of the five letters on each row for each and every one of the last seven years. *COVID-19: During the period of the pandemic, we are asking that you assume attendance is in keeping with other years' attendance.*

The letters describe the frequency of attendance as follows:

W Weekly F Fortnightly M Monthly O Occasionally N Never

Year	Parent				
2015	W	F	M	O	N
2016	W	F	M	O	N
2017	W	F	M	O	N
2018	W	F	M	O	N
2019	W	F	M	O	N
2020	W	F	M	O	N
2021	W	F	M	O	N

PLACES OF WORSHIP FOR MAIN APPLICANT:

The Governors will write independently to the Ministers whom you nominate in order to confirm the information you have given.

Please inform your referees that you have given their names and, if necessary, remind them of your involvement with their congregation during the years that they will be asked to confirm.

Please ensure that your referees complete and return their reference forms as soon as possible.

Please note below clause relating to Covid-19.

'In the event that during the period specified for attendance at worship the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these admissions arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship'.

Period (e.g. 2015-2021)	Name, Address and Denomination of Place of Worship	Church Leader Name and/or Name and Position held of Referee, including full address, email and contact number

PROOFS OF ADDRESS REQUIRED - Please provide photocopies of documents when submitting this form

To: Admissions Officer, Davenant Foundation School
Chester Road, Loughton, Essex, IG10 2LD

Items required:

- Council Tax Notification
- 1 item Child Benefit Statement /Child Tax Credits/Copy Medical Card/Building Society Bank Passbook or Statement showing child's name and address
- Two utility bills dated within previous three months

DECLARATION

By completing this form I confirm that:
I have read the **Admission Arrangements** and the **Notes for Guidance**
I understand that I am agreeing to you sharing our details with our church referees
The information I have given on this form is true and I have parental responsibility for this child
I understand that the school is a Christian Foundation School with an ecumenical ethos

Signature: Relationship to child: Date: